PATENT APPLICATION SE DETERMINATION RECORD

Effective December 8, 2004

pplication or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)								TYPE		OR	SMALL ENTITY		
U.S.	NATIONAL S	TAGE FEES	<u> </u>					RATE	FEE		RATE	FEE	
BASI	C FEE	•	SMALL ENT. =	\$ 150	LARGE	E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	3/1()	
EXA	MINATION FEE	<u> </u>	Satisfies PCT Article 33(1)- All other situat (4) = \$50/\$100 \$100/\$2			er situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	2/1)	
SEAF	RCH FEE		U.S. is ISA = \$ 5 ALL other coun \$ 200 / \$ 4	tries =		er situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE	FOR EXTRA SE	PEC. PGS.	minu	s 100 =		/ 50 =		X \$ 125 =			X \$ 250 =		
TOTA	L CHARGEAB	LE CLAIMS	3 7:nin	us 20 =	· /	7		X \$ 25 =		OR	X \$ 50 =	850	
INDE	PENDENT CLA	ймs	minus 3 = .					X \$ 100 =		OR	X \$ 200 =	1400	
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =	<i>y</i>	OR	+ \$ 360 =	2/1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	اور والسرائر	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2). (Column 3)								SMALL E	NTITY	OR	OTHER SMALL E		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 13	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
MEN	Independent	. 10	Minus 2		<u> </u>	=1400		X \$ 100 =		OR	X \$ 200 =		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
	<u></u> .				Í	. ;		TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
	• `	(Column 1)		(Colu	mn 2)	(Column 3)				٠,			
AMENDMENT B	;	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		= '		X \$ 25 = `		OR	X \$ 50 =		
	Independent	*	Minus	***		= .		X \$ 100 =		OR	X \$ 200 =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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FORM PTO-875 (Rev. 02/2005) No Refind of Claim Fels Pre and Sub Mited 8/9/05